MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1646)

08688

CERTIFICATE OF DEATH

Reg. Dist. No. 701

Kent Co.

1. PLACE OF DEATH:
County Betterton Off Pier
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent Co.
City or town Baltimore - Parkville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3020 Lavender Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME Fred Bach

3. (b) Social Security Number #715-10-4115

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Naomi Bach
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) May 6 - 1897
8. AGE: Years 43 Months 3 Days 17 If less than one day ____ hrs. ____ min.
9. Birthplace Denmark (Town, county, and state)
10. Usual occupation Piece Rate Setter
11. Industry or business Price Shop
FATHER 12. Name Frederick Bach
13. Birthplace Denmark
MOTHER 14. Maiden name Anna Peterson
15. Birthplace Denmark
16. Informant H. W. Norford
Address Baltimore Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/27/40 (month) (day) (year)
Cemetery or crematory National
Location Baltimore Md
18. Funeral director Wm Cook. Per G.A. Rice
Address 1217 St. Paul St.
19. Aug 24 1940 (Date rec'd by registrar) J. W. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5 1940, at ____ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw h____ alive on ____ 19__.

Immediate cause of death Found in the Bay off Betterton 9 a.m. — DURATION Aug 23/40
Due to No boat involved. About 3 days in water
Due to Face eaten by Crabs.
Left home for work; was never seen again.
Other conditions Drowned; probably suicidal. C.W.&R.
(Include pregnancy within 3 months of death)
Major findings:
Of operations Body was found floating in the Bay near Betterton. Unknown, at that time.
Of autopsy Recognized by an "Ad." in Baltimore paper.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide probably suicide. Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of Injury ____ Injured at work? ____

23. SIGNATURE Frank N. Smith M.D. Medical Advisor M. D. or other
Address Chestertown Date signed Aug 23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 30 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08689

CERTIFICATE OF DEATH

(93d)

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent

City or town Chestertown, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Kent & Queen Anne's General Hosp.

Stay in hospital or insf. (yrs., or mos., or days) 8 days

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Water Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Allan Alexander Harris

3. (b) Social Security Number 220-01-7020

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harriet R. ~~[illegible]~~ Harris

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) May 11, 1859

8. AGE: Years 81 | Months 3 | Days 2 | If less than one day ___ hrs. ___ min.

9. Birthplace Kent, County, Md
(Town, county, and state)

10. Usual occupation Banker

11. Industry or business Banking

FATHER
12. Name Alexander Harris
13. Birthplace Kent County, Md

MOTHER
14. Maiden name Maria Spencer
15. Birthplace Kent County, Md

16. Informant Hosp. records

Address Chestertown, Md

17. Burial Date thereof 8-15-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery ~~or crematory~~ St Paul

Location Near Chestertown, Maryland

18. Funeral director Ralph H Milton Inc

Address Chestertown Maryland

19. Aug. 15 1940 Alice R. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1940, at 11 40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 5 1940, to August 13 1940, and that I last saw him alive on August 13 1940.

Immediate cause of death: Myocarditis; Ventricular fibrillation

Due to Sensitivity

Due to Chronic myocarditis. C.W.G.R. Duration: 18 months.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: ? 8 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. C. Dick, M.D.
M. D. or other

Address Chestertown, Md Date signed 8-13-40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1248)

CERTIFICATE OF DEATH

08690

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Rock Hall
(If outside city or town limits, writes RURAL NEAR and give town)

Street address, hospital, or institution: Wagg Home

Stay in hospital or inst. (yrs., or mos., or days) 20

Stay in this community (yrs., or mos., or days) 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Yes, World War

3. (a) FULL NAME Clarence Creighton Parsons

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Wh.	Married

6 (b) Name of husband or wife Carrie Anna Parsons

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26 1893

8. AGE:

Years	Months	Days	If less than one day
47	4	28	hrs. min.

9. Birthplace Kent Co Md.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business Retired

FATHER
12. Name Thomas Parsons
13. Birthplace Kent Co., Md.

MOTHER
14. Maiden name Martha Foor
15. Birthplace Kent Co, Md

16. Informant Mrs Parsons
Address Rock Hall

17. Burial Date thereof Aug 26 1940
(Burial, cremation, or removal. Which?) (Month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Near Rock Hall

18. Funeral director Ralph H. Arsilton Inc.

Address Chestertown, Md.

19. Aug 24 1940 Mrs. J. B. Darding
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 23 1940, at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1937, to Aug 23 1940, and that I last saw h-- alive on Aug 23 1940.

	CURATION
Immediate cause of death Duodenal Hemorrhage	
Due to Biliary Cirrhosis	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Albert A. Buzzard
M. D. or other

Address Rock Hall, Md. Date signed 8/23/40

RECEIVED
SEP 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08691

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Quaker Neck
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 3 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: New York County:

City or town: Brooklyn Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2 Grace Court
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Mary L. Reynolds

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife: ✓

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): March 27, 1875

8. AGE: Years: 65 Months: 4 Days: 30 If less than one day: hrs. min.

9. Birthplace: New Bedford - Conn.
(Town, county, and state)

10. Usual occupation: Music teacher

11. Industry or business:

FATHER
12. Name: Edward G. Reynolds
13. Birthplace: New Hampshire

MOTHER
14. Maiden name: Annie C. Pierce
15. Birthplace: New Bedford

16. Informant: J. Kellogg Smith
Address: Quaker Neck

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Aug. 29-1940
(month) (day) (year)

Cemetery or crematory: Oak Grove Cem.

Location: New Bedford - Mass.

18. Funeral director: Wm. H. Good
Address: Church Hill, Md.

19. Aug. 27, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-26-40 19 , at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-10 1940, to 8-26 1940, and that I last saw her alive on 8-26-40 19

Immediate cause of death: Coronary thrombosis

Due to: Coronary artery disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 8/25/40

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Cate of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: R. Scott W. Farr
M. D. or other

Address: Chestertown, Md. Date signed: 8-27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164a)

CERTIFICATE OF DEATH

08692

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town near Chestertown, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Anne's

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Russell Okeechian Reynolds

3. (b) Social Security Number 220-05-4277

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of husband or wife Virginia Reynolds

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6th 1909

8. AGE: Years	Months	Days	If less than one day
31	3	8	hrs. min.

9. Birthplace Rock Bridge Co. Virginia
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Brick yard

FATHER 12. Name James Walter Reynolds

13. Birthplace Rock Bridge Co. Virginia

MOTHER 14. Maiden name Mattie Watterspaw

15. Birthplace Rock Bridge Co. Virginia

16. Informant James Walter Reynolds

Address Queen Anne's County

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 17 1940 (month) (day) (year)

Cemetery or crematory Chester

Location Chestertown, Md

18. Funeral director Ralph H. Carlton Inc

Address Chestertown, Md

19. Aug. 16, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1940, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19,
and that I last saw h alive on 19.

Immediate cause of death Suicide by Hanging — DURATION Aug 4/40

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W Smith M D
M. D. or other

Address Chestertown Date signed Aug 15/40

Attend. Medical Advisor

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

CERTIFICATE OF DEATH

08693

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Chestertown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 210 Fairlee Street

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State — County —

City or town — Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Martha Robinson

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or ~~divorced~~
Female	Colored	Widowed

6 (b) Name of husband or ~~wife~~ George W. Robinson

6(c) If alive, give age — years.

7. Birth date of deceased (mo., day, yr.) Aug. 2 1875

8. AGE: Years 65 | Months — | Days 2 | If less than one day — hrs. — min.

9. Birthplace Queen Anne's County, Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name William Jackson

13. Birthplace Queen Anne's County

MOTHER 14. Maiden name Sallie Wright

15. Birthplace Queen Anne's County

16. Informant Martin Simmons

Address Daughter

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-7-40 (month) (day) (year)

Cemetery or crematory Rich Neck

Location Queen Anne's County

18. Funeral director Ralph H. Wilson Jr.

Address Chestertown Maryland

19. Aug 5 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1940, at 7:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 29 1940, to Aug 4 1940, and that I last saw h~~er~~ alive on Aug 3 1940

Immediate cause of death Cancer of uterus — DURATION at least a year

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Dr. Wm. Richmond M. D. or other

Address Chestertown Date signed 7/5/41

65 1924 14

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

CERTIFICATE OF DEATH

08694

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or deys): —
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Kent
City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: August C. Schmidt

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	wh.	married

6 (b) Name of husband or wife: Lavinia Schmidt
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 6 1853

8. AGE: Years	Months	Days	If less than one day
86	10	25	hrs. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Florist
11. Industry or business: self

FATHER
12. Name: Carl Ferdinand Schmidt
13. Birthplace: Germany

MOTHER
14. Maiden name: Augusta Elis Brant
15. Birthplace: Germany

16. Informant: daughter Mrs Orr
Address: Rock Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 3 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Wesley Chapel near Rock Hall Md
18. Funeral director: Chas. H. Gord.
Address: Church Hill Md.

19. Sept. 2 1940 (Date rec'd by registrar) Mrs. T. B. Dunding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 31 1940, at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 25 1940, to Aug 31 1940, and that I last saw him alive on Aug 30 1940

Immediate cause of death	DURATION
Incarcerated Hernia (Inguinal)	
Due to Heart failure	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE: Albert C. Burgard M. D. or other
Address: Rock Hall, Md Date signed 9/1/40

RECEIVED
OCT 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-L)

CERTIFICATE OF DEATH

08695

Reg. Dist. No. 202

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (I)

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Kent

City or town Chestertown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 370 Calvert St

Stay in hospital or inst. (yrs., or mos., or days) Was md. 6 weeks 1939

Stay in this community (yrs., or mos., or days) 40 yrs. Kent Co.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ____ County ____

City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME Henry Stewart ~~married~~ widowed

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Color	Widowed

6 (b) Name of husband or wife Sarah J Stewart

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1939-May

8. AGE: Years 64 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace St. Marys Co Va
(Town, county, and state)

10. Usual occupation Farm

11. Industry or business Yes

FATHER 12. Name ____

FATHER 13. Birthplace don't no

MOTHER 14. Maiden name ____

MOTHER 15. Birthplace don't no

16. Informant ____

Address ____

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 2. 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Pomona

18. Funeral director Ashbury Henry

Address Chestertown Md

19. Aug 30 19 40 (Date rec'd by registrar) Alice R Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-30 - 1940 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-1 1939, to 8-30 1940, and that I last saw him alive on 8-30 1940

Immediate cause of death	DURATION
anemia + cachexia, —	
with gastric syphilis.	
Due to Retroperitoneal tumor	2 years?
Diagnosis was made in University Hospital,	
Due to Baltimore, Md., in April or May, 1939,	
under name of Henry Wilson	
Other conditions, Tumor in upper abdomen of unspecified nature	
Degenerative cardio-vascular disease.	

(Include pregnancy within 3 months of death)

~~Major findings~~

~~Of operation~~ Patient left University Hospital September 29th, 1939.

Of autopsy ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE R Ruth W. Farr M. D. ~~or other~~

Address Chestertown, Md Date signed 8-30-40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

CERTIFICATE OF DEATH

08696

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 204 Queen Street

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State — County —

City or town — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sarah Elisabeth Stuart

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	Single

6 (b) Name of husband or wife Unmarried

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 17, 1876

8. AGE: Years	Months	Days	If less than one day
64	4	24	— hrs. — min.

9. Birthplace Chestertown, Kent Co. Md.
(Town, county, and state)

10. Usual occupation Historian

11. Industry or business old records

FATHER 12. Name Horace Montgomery Stuart

13. Birthplace Kent County

MOTHER 14. Maiden name Martha Ecker Wallraven

15. Birthplace New Castle Co., Delaware

16. Informant Frances Ecker Stuart Sister

Address 204 Queen St. Chestertown Md

17. Burial Date thereof August 13, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chester

Location Chestertown Maryland

18. Funeral director Ralph H. Wilson, Inc.

Address Chestertown, Maryland

19. Aug. 13 1940 Alice R. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1940, to Aug 11 1940, and that I last saw her alive on August 12 1940.

Immediate cause of death	DURATION
Carcinoma of intestines	
Due to	Unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations —

Dt autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE H. B. Simmons, M.D.
M. D. or other

Address Chestertown, Md Date signed Aug 12, 1940

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

08697

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Betterton, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Betterton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Arthur John Worrall

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary J. Roy

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 21, 1853

8. AGE: Years 87 | Months 0 | Days 3 | If less than one day ___ hrs. ___ min.

9. Birthplace England
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name John Worrall

FATHER 13. Birthplace England

MOTHER 14. Maiden name Mary Hall

MOTHER 15. Birthplace England

18. Informant Rose Worrall

Address Betterton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Augs 26 1940 (Month) (day) (year)

Cemetery or crematory Warwick New York

Location Warwick New York

18. Funeral director B. R. Fellows

Address Still Pond, Md.

19. Aug 25 1940 (Date received by registrar) J. W. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1940, at 5.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to Aug 24 1940, and that I last saw h[illegible] alive on Aug 24 1940.

	DURATION
Immediate cause of death: Cerebral Sclerosis	2
Due to	1
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H G Simpers M. D. or other

Address Chestertown Md. Date signed 7-25-40

RECEIVED
SEP 4 1940
BUREAU V. S.